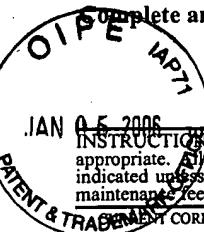


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

JAN 05 2006

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

PATENT & TRADEMARK CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23165 7590 11/14/2005

ROBERT J JACOBSON PA
650 BRIMHALL STREET SOUTH
ST PAUL, MN 551161511
01/06/2006 KBETEMA2 00000062 503288 10784553

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<i>Robert J. Jacobson</i>	(Depositor's name)
<i>Robert J. Jacobson</i>	(Signature)
1-1-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10784,553	02/23/2004	Yukihiro Matsumoto	2004-2150.ORI	1928

TITLE OF INVENTION: APPARATUS AND PROCESS FOR PURIFICATION OF ACRYLIC ACID FAMILY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1400 \$300 \$1700 02/14/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MANOHARAN, VIRGINIA	1764	203-098000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nippon Shokuba Co., Ltd. Osaka, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number *50-3288* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

Robert J. Jacobson

Date *1-1-06*

Typed or printed name _____

Robert J. Jacobson

Registration No. *32,419*

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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JAN 05 2006 Practitioner's Docket No. 2004-2150.0RI

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Nippon Shokubai Co., Ltd.
Serial No.: 10/784,553
Filed: February 23, 2004
For: Apparatus and process for purification of acrylic acid
family
Examiner: MANOHARAN, Virginia
Group No.: 1764
Confirmation No.: 1928

**Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Certificate of Mailing

I hereby certify that the following documents are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 1, 2006 by applicant's attorney, Robert J. Jacobson:

1. This Certificate of Mailing dated January 1, 2006 (one page);
2. Part B - Fee(s) Transmittal dated January 1, 2006 (one page plus duplicate); and
3. Postcard Receipt.

As indicated on the Part B - Fee(s) Transmittal, the Director is hereby authorized to charge the required fee(s), or credit any overpayments, to Deposit Account Number 50-3288 (Robert J. Jacobson, P.A.). The required fee in this case is \$1700.

Respectfully submitted,

Date: 1-1-06



Robert J. Jacobson
Reg. No. 32,419

Tel. No.: (651) 699-7900
Fax. No.: (651) 699-7901

650 Brimhall Street South
St. Paul, MN 55116-1511